

## HealthCare Information Technology Capability Survey

University of Iowa, Iowa city IA

This is a questionnaire designed to be completed by administrators in an ambulatory setting. The tool includes questions to assess the current state of enterprise systems.

Permission has been obtained from the survey developers for unrestricted use of this survey; it may be modified or used as is without additional permission from the authors.

**CREATING VALUE WITH INFORMATION SYSTEMS  
IN IOWA HOSPITALS**

**A FEASIBILITY AND INFRASTRUCTURE SURVEY**



**A PROJECT OF THE UNIVERSITY OF IOWA  
CENTER FOR HEALTH POLICY AND RESEARCH  
Funded by the Agency for Healthcare Research and Quality**

**Endorsed By:**

Iowa Foundation for Medical Care  
Iowa Health Care Collaborative  
Iowa Health Information Management Systems Society  
Iowa Hospital Association  
Iowa Medicare Rural Hospital Flexibility Program

**For questions, please contact:**

Mr. James Bahensky  
University of Iowa  
200 Hawkins Drive E200 GH  
Iowa City, IA 52242-1008  
**Phone:** (319) 335-8537  
**Email:** [james-bahensky@uiowa.edu](mailto:james-bahensky@uiowa.edu)

# HealthCare Information Technology Capability Survey

## A. General Questions:

Please use a **CHECK** mark or **CIRCLE** to answer the following questions:

**1) How many information technology (IT) personnel (FTEs) are employed by your hospital EXCLUDING consultants or sub-contractors? (Please check ONE)**

- |                               |                                |  |
|-------------------------------|--------------------------------|--|
| <input type="checkbox"/> None | <input type="checkbox"/> 6-10  | <input type="checkbox"/> 31-50           |
| <input type="checkbox"/> 1-2  | <input type="checkbox"/> 11-20 | <input type="checkbox"/> Greater than 50 |
| <input type="checkbox"/> 3-5  | <input type="checkbox"/> 21-30 |  |

**2) To what extent does your hospital rely on external consultants or sub-contractors to support use of IT applications? (Please circle ONE number for each area)**

	Not at All	—————→				A Great Deal	Don't Know
a) Business System Applications	1	2	3	4	5	9	
b) Clinical System Applications	1	2	3	4	5	9	

**3) Is your hospital part of a system or network? (Please select ONE)**

Part of a network or system?  Yes  No (If **NO** skip to question 5)

**4) If you answered YES to question 3, , to what extent does the system or network influence your hospital's IT Business System and Clinical Systems application purchasing decisions? (Please circle ONE number for each area)**

	Extent Network or System influences purchase decisions:						
	Not at All	—————→				A Great Deal	Don't Know
a) Business System Applications	1	2	3	4	5	9	
b) Clinical System Applications	1	2	3	4	5	9	

**5) Which of the following IT functions used to support your business and clinical processes are either totally or partially OUTSOURCED? (Please check ALL that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> None  | <input type="checkbox"/> Help desk            |
| <input type="checkbox"/> Web site/Internet (maintenance/development) | <input type="checkbox"/> Systems integration  |
| <input type="checkbox"/> Applications development                    | <input type="checkbox"/> Computing facility   |
| <input type="checkbox"/> User training outsourcing                   | <input type="checkbox"/> Full IT department   |
| <input type="checkbox"/> Network operations, monitoring and support  | <input type="checkbox"/> E-business           |
| <input type="checkbox"/> System installation                         | <input type="checkbox"/> Asset management     |
| <input type="checkbox"/> Technical Support                           | <input type="checkbox"/> Interim CIO/Director |
| <input type="checkbox"/> PC support                                  | <input type="checkbox"/> Project management   |
| <input type="checkbox"/> Database management                         | <input type="checkbox"/> Don't Know           |
|  | <input type="checkbox"/> Other: _____         |

**6) To what extent does your hospital rely on Application System Providers (ASPs)? (Please circle ONE number for each area)**

Definition: ASP is a special form of outsourcing through which a third party entity manages and distributes software-based services and solutions to customers across a wide area network from a central data center. ASP services are different from normal outsourcing in that the ASP company holds the licenses to the software provided.

	Not at All	—————→				A Great Deal	Don't Know
a) Business System Applications	1	2	3	4	5	9	
b) Clinical System Applications	1	2	3	4	5	9	

**7) If you answered “not at all” to question 6, why has your hospital not used an ASP? (Please check ALL that apply)**

- An ASP is not financially feasible for our hospital.
- Our hospital has not found an appropriate ASP.
- Our hospital has not evaluated an ASP.
- An ASP would not be appropriate or beneficial for our hospital
- Don't know
- Other \_\_\_\_\_

**8) Which of the following technologies does your hospital currently use? (Please check ALL that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> None   | <input type="checkbox"/> Web-enabled business transactions        |
| <input type="checkbox"/> High Speed Networks (LANs, WANs)                     | <input type="checkbox"/> Client-server systems                    |
| <input type="checkbox"/> High Speed Internet connection                       | <input type="checkbox"/> Bedside workstations                     |
| <input type="checkbox"/> Intranet (linking internal users behind firewall)    | <input type="checkbox"/> Thin Client workstations                 |
| <input type="checkbox"/> Extranet (linking external users -secure connection) | <input type="checkbox"/> Laptop or tablet PC's                    |
| <input type="checkbox"/> Physician Portals (Access)                           | <input type="checkbox"/> Wireless                                 |
| <input type="checkbox"/> Patient Portals (Telehealth)                         | <input type="checkbox"/> Speech Recognition Systems               |
| <input type="checkbox"/> Telemedicine   | <input type="checkbox"/> Imaging Technology; e.g. PACs (Internal) |
| <input type="checkbox"/> Digital Imaging – Remote interpretation              | <input type="checkbox"/> Automated alerts/paging                  |
| <input type="checkbox"/> e-Laboratory   | <input type="checkbox"/> Nursing Call Systems                     |
| <input type="checkbox"/> e-Pharmacy   | <input type="checkbox"/> Interface Engine                         |
| <input type="checkbox"/> Video Conferencing – consultations                   | <input type="checkbox"/> Bar Coding Technology                    |
| <input type="checkbox"/> Remote Patient Monitoring                            | <input type="checkbox"/> RFID Technology                          |
| <input type="checkbox"/> Web site with general hospital information           | <input type="checkbox"/> Don't Know                               |
|   | <input type="checkbox"/> Other _____                              |

## B. Systems

In the following section, please use a check to indicate your hospital's current and planned systems. Please place a **CHECK** in **BOTH** the “**current systems**” and “**planned systems**” sections for each row. Also, please indicate the vendor that your hospital is planning to use (if known) or if you currently have a system and are not planning to install a new system – the present vendor's name.

Systems	Current Systems			Planned Systems				Vendor/Product name (if applicable) If Planning – selected vendor if known OR Present Vendor if not replacing or new vendor is unknown
	None	Presently Operational	Presently Installing	No Plans	Planning – no budget commitments	Budgeted and reviewing vendors	Budgeted and vendor selected	
<b>1. Administrative Systems</b>								
a) Office Systems (E-mail, Word Processing, spreadsheets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
b) Financial Systems (G/L, Accounts Payable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
c) Budgeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
d) Inventory Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
e) Human Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
f) Time and Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
g) Credentialing and Privileges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
h) Patient Registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
i) Patient Scheduling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

Systems	Current Systems			Planned Systems				Vendor/Product name (if applicable) If Planning – selected vendor if known OR Present Vendor if not replacing or new vendor is unknown
	None	Presently Operational	Presently Installing	No Plans	Planning – no budget commitments	Budgeted and reviewing vendors	Budgeted and vendor selected	
j) Patient Billing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
k) Coding Systems (3M)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
l) Contract Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
m) Document Scanning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
n) Referral Tracking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
o) Clinical and Financial Data Repository (retrospective reporting and decision support)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<b>2. Clinical Systems</b>								
a) Electronic Health Record ( EHR or EMR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
b) Order Entry (Clerk entry)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
c) Computerized Provider Order Entry (CPOE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
d) ICU System (bedside connection of monitors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
e) Dictation Systems - Not integrated with EHR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

Systems	Current Systems			Planned Systems				Vendor/Product name (if applicable) If Planning – selected vendor if known OR Present Vendor if not replacing or new vendor is unknown
	None	Presently Operational	Presently Installing	No Plans	Planning – no budget commitments	Budgeted and reviewing vendors	Budgeted and vendor selected	
f) Dictation Systems Integrated with EHR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
g) Electronic Documentation (Point of Care Nursing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
h) Electronic Documentation (Ancillary Departments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
i) Clinical Decision Support Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
j) Access to Clinical Reference Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
k) Pharmacy Inpatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
l) Pharmacy Outpatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
m) Pharmacy – Medication Dispensing Cabinets (Pyxis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
n) Electronic Meds Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
o) Laboratory – General Chemistry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
p) Laboratory – Pathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
q) Laboratory – Blood Bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

Systems	Current Systems			No Plans	Planned Systems			Vendor/Product name (if applicable) If Planning – selected vendor if known OR Present Vendor if not replacing or new vendor is unknown
	None	Presently Operational	Presently Installing		Planning – no budget commitments	Budgeted and reviewing vendors	Budgeted and vendor selected	
r) Radiology Management System (RIS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
s) PACs – Picture Archival	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
t) Emergency Department System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
u) Remote Patient Monitoring Systems								
I. Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
II. ICU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
v) Disease Registry Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
w) Ambulatory Practice System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
x) Quality Outcomes and Utilization Tracking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
y) Bar Coding Applications								
I. Patient Identification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
II. Meds Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
III. Lab Specimens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
IV. Supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
V. Movable Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
VI. Chart /film Tracking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

## C. Conclusion

We may be following-up with selected hospitals in order to understand how various HIT systems are integrated. Therefore, we would appreciate you providing the following contact information to assist us in that analysis.

**Which of the following best describes your job title? (Please check ONE)**

- |  |   |
|--|---|
| <input type="checkbox"/> CEO                                 | <input type="checkbox"/> IT Manager                             |
| <input type="checkbox"/> COO                                 | <input type="checkbox"/> Director or Manager of Medical Records |
| <input type="checkbox"/> CFO                                 | <input type="checkbox"/> Other: _____                           |
| <input type="checkbox"/> CIO/Director of Information Systems |   |

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Hospital: \_\_\_\_\_

City: \_\_\_\_\_

If you would like to receive the results of the present study, please check the corresponding box:

**We would like to thank you for your time. Please return this survey in the self-addressed envelope.**